

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HJD | | 10-02-01 |
| O.I.P.E. CLASSIFIER | | 10 | 10-10-01 |
| FORMALITY REVIEW | Mor | 1145 | 10-25-01 |
| RESPONSE FORMALITY REVIEW | A. m | Jc 580 | 04-01-02 |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ✓ Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 10-02-01 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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720
10-01-02
CJS
09-01-02

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